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APPLICANTS

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** CONTINUING DATA *****
CB none

** FOREIGN APPLICATIONS *****
CB none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 09/22/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CT	SHEETS DRAWING 12	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 6
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Verified and Acknowledged
 Examiner's Signature *CB* Initials *CS*

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 McCormick Paulding & Huber LLP
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CB 12/1/04

TITLE *A Method and System For Providing Evaluation Data From Tracked, Formatted Administrative data of A*
~~Method and system for providing agent neutral administrative services to a medical service provider~~ *service provider*

FILING FEE RECEIVED 462	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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